

## FY2010/2011 Family Strengthening & Fatherhood Initiative Quarterly Progress Report

RFP Number CVS-10-067	Fund 0100/0508/1000	Program Code 49203	Cost Code 92301	Object Code 514520	Project Code 90395	Category 2748	Type 100	CFDA 93556
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Subgrantee:	FIN#:
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Prepared By Name:	Title:
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Telephone:	Ext.	E-mail:
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### Quarterly Report Timeline *(Check the appropriate reporting period below)*

Reporting Period	Report Due Date
<input type="checkbox"/> October 1, 2010 – December 31, 2010	January 31, 2011    Date Received:
<input type="checkbox"/> January 1, 2011 – March 31, 2011	April 29, 2011    Date Received:
<input type="checkbox"/> April 1, 2011 – June 30, 2011	July 29, 2011    Date Received:
<input type="checkbox"/> July 1, 2011 – September 30, 2011	October 31, 2011    Date Received:

### Definitions of key terms included in the report:

**Total Served this Report Period:** The number that received services during the current reporting period. Report the number of newly served and unduplicated number of families, children, youth and parents receiving the service. If the members were counted as served in a previous report, please do not count them as new. Include them in the Year-to-Date totals. Please include only the number in the household that receive services funded in whole or part with FSFI grant.

**Total Served Year-to-Date:** This number will include the cumulative number served from one report period to the next.

**Families Served:** Count the number of families receiving the service. Include the total number of individuals living in a home, and temporarily away receiving the services as one family unit.

**Children and Youth Served:** The number of individuals living in the home, including those temporarily away, receiving the services.

**Custodial:** The number of mothers or fathers receiving the service that have legal custody and do not live apart from the other family members.

**Non-resident:** The number of fathers or mothers receiving the service that do not have legal custody and do not live with the other family members.

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**Table 1:**  
**Reported Outcomes**  
**Add additional rows to include all allowable services**  
*(Please review the Work Plan template for definitions and guidance)*

<b>ACTIVITIES/SERVICES</b> <i>How was the funding used?</i> <i>Explain relation to the outcomes.</i>	<b>RESPONSIBLE STAFF/PARTNER</b> <i>List position and/or titles.</i>	<b>OUTPUT</b> <i>What the project produced.</i> <i>Frequency of service, numbers served, begin and end dates. Data should match data listed in Table 2.</i>	<b>OUTCOMES</b> <i>Qualitative results from the activity.</i> <i>What difference did the service make?</i>	<b>EVALUATION Performance Measures</b> <i>Qualitative and Quantitative Measures</i>

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**Table 2:**

**Total Served this Report Period (New - Unduplicated)**

**Total Served Year-to-Date**

*(Please review the key terms definitions provided on the cover page)*

Families with children (0-12)	Families with youth (13-19)	Non-Resident Fathers	Non-Resident Mothers	Custodial Fathers	Custodial Mothers		Families with children (0-12)	Families with youth (13-19)	Non-Resident Fathers	Non-Resident Mothers	Custodial Fathers	Custodial Mothers

**Please discuss situations that may not fall into any of the above categories below:**

*(e.g., families with children with various ages, step-parents and other relatives who may or may not have custody, but are program participants, blended families).*

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**Table 3:**  
**Total Served Year-to-Date**  
*(Please enter the number of families and not the number of children or parents)*

Ethnicity					
African American	Hispanic	White	Asian	Other (specify)	Unknown (specify)
Language Spoken by Family					
English	Spanish	Other (specify)	Unknown (specify)	If, the mother and father are of a different race use Other and specify each race in the space provided.	

**Challenges and barriers observed this reporting period.**